

CLAIMS ONLY

Application Number

09/928579

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
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| Total Indep | 5 | | 5 | | | |
| Total Depend | 87 | | 86 | | | |
| Total Claims | 92 | | 91 | | | |